# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1950

41112

State File No.

5027

BIRTH NO. _____ REG. DIST. NO. _149_ PRIMARY REG. DIST. NO. _1002_ Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY Jackson

b. CITY OR TOWN Kansas City  c. LENGTH OF STAY (in this place) township) 36 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri  b. COUNTY Jackson

c. CITY OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 4526 Bell

**3. NAME OF DECEASED** (Type or Print)
a. (First) Richard  b. (Middle) J.  c. (Last) Woulfe

**4. DATE OF DEATH** (Month) 11 (Day) 24 (Year) 50

**5. SEX** Male  **6. COLOR OR RACE** White  **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

**8. DATE OF BIRTH** June 4 1896

**9. AGE** (In years last birthday) 54  IF UNDER 1 YEAR Months 5 Days 20  IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Steamfitter

**10b. KIND OF BUSINESS OR INDUSTRY** Midwest Contracting

**11. BIRTHPLACE** (State or foreign country) Ireland

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** Maurice Woulfe

**13b. MOTHER'S MAIDEN NAME** Katherine O'Sullivan

**14. NAME OF HUSBAND OR WIFE** Ellen Woulfe

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No

**16. SOCIAL SECURITY NO.** 487-16-2701

**17. INFORMANT'S SIGNATURE OR NAME** Mrs Ellen Woulfe  **ADDRESS** 4526 Bell

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary sclerosis

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Interstitial myocardial fibrosis

**INTERVAL BETWEEN ONSET AND DEATH**

42°1

**19a. DATE OF OPERATION**  **19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Nov. 24, 1950, to Nov. 24, 1950, that I last saw the deceased alive on Nov. 24, 1950, and that death occurred at 7:35A m., from the causes and on the date stated above.

**23a. SIGNATURE** R.I. Burns MD (Degree or title)

**23b. ADDRESS** 24th & Cherry

**23c. DATE SIGNED** 11-25-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial  **24b. DATE** 11/27/50  **24c. NAME OF CEMETERY OR CREMATORY** Mount Olivet Cemetery  **24d. LOCATION** (City, town, or county) Kansas City, Mo. (State)

**DATE REC'D BY LOCAL REG.** 11-28-50  **REGISTRAR'S SIGNATURE** Geraldine Holmes  **25. FUNERAL DIRECTOR'S SIGNATURE** Muir & Tobin  **ADDRESS** 20 West Linwood

(Licensed Embalmer's Statement on Reverse Side)

Dr. Coo...

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.........................

Signed *Forrest D. Coldsnow*

Signed.................................
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K. C. Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.